

| | | | | |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER 09/466,982 | FILING DATE 12/17/99 | CLASS 348 | GROUP ART UNIT 2712 | ATTORNEY DOCKET NO. 104421 |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------|

APPLICANT

WHYNN VICTOR LOVETTE, ONTARIO, NY; JOHN STEWART CECI, PENFIELD, NY.

****CONTINUING DOMESTIC DATA*******

VERIFIED

N.Vu None

****371 (NAT'L STAGE) DATA*******

VERIFIED

N.Vu None

****FOREIGN APPLICATIONS*******

VERIFIED

N.Vu None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/24/00

| | | | | | |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY NY | SHEETS DRAWING 4 | TOTAL CLAIMS 23 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged <u>N.Vu</u> Examiner's Initials _____ Initials _____ | | | | | |

ADDRESS

OLIFF & BERRIDGE PLC
P.O. BOX 19928
ALEXANDRIA VA 22320

TITLE

APPARATUS AND METHODS OF CALIBRATION

| | | |
|-------------------------------------|---|---|
| FILING FEE RECEIVED \$814 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-------------------------------------|---|---|